



MISSOURI DEPARTMENT OF REVENUE
**WITHHOLDING CERTIFICATE FOR
PENSION OR ANNUITY STATEMENTS**

FORM
MO W-4P
(REV. 8-94)

This certificate is for voluntary withholding of Missouri State Income Tax from pension or annuity income only.

FULL NAME (TYPED OR PRINTED)		SOCIAL SECURITY NUMBER
HOME ADDRESS (NUMBER AND STREET OR RURAL ROUTE)		CLAIM OR IDENTIFICATION NUMBER (IF ANY) OR YOUR PENSION OR ANNUITY CONTRACT.
CITY OR TOWN, STATE, ZIP CODE		
COMPLETE THE FOLLOWING APPLICABLE LINES		
<input type="checkbox"/> 1. I elect NOT to have income tax withheld from my pension or annuity. (If you check this box, do not complete Line 2.)		
<input type="checkbox"/> 2. I voluntarily elect to have the following amount withheld from each pension or annuity payment each month. (The amount you enter cannot be less than \$10.00 per month.)		\$
YOUR SIGNATURE		DATE

MO 860-1961 (8-94)

INSTRUCTIONS FOR COMPLETING FORM MO-W4P

1. Enter your full name, address and social security number.
2. Enter your pension or annuity contract claim or identification number.
3. If you DO NOT wish to have Missouri state income taxes withheld from your pension or annuity income, place a check mark in the box next to Line 1. Sign and date the form. Then send this form to the administrator of your retirement plan who will simply keep your completed form on file.
4. If you DO wish to have Missouri state taxes withheld from your pension or annuity income, place a check mark in the box next to Line 2. Then enter the amount you wish to have withheld MONTHLY in the box provided. To determine the amount to be withheld monthly, divide the amount of tax you paid with last year's Missouri income tax return by twelve. You may wish to allow for the effect of any increases in your income from last year's income by adjusting your calculation of the amount to be withheld upwards. The amount to be withheld cannot be less than \$10.00. Sign and date this form. Then send this form to the administrator of your retirement plan who will then begin the withholding.
5. Should you need to change this form or complete a new one, please contact the administrator of your retirement plan.

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This publication is available upon request in alternative accessible format(s). TDD 1-800-735-2966

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